

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

08/973018

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51								
2							52								
3							53								
4							54								
5							55								
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43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	32						TOTAL DEP.								
TOTAL CLAIMS	34						TOTAL CLAIMS								

BEST AVAILABLE COPY